

# Miami County Health Department

## Genealogy Search Request Form

Name at Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Name at Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mail to: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zipcode

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

The fee for a Genealogy Search is \$5.00 per search. The fee for a certified death certificate is \$15.00.  
Please call 765.472.3901 to speak with the Registrar if you have any questions.

Enclose a copy of your driver's license or state issued ID and a **money order** payable to the Board of Health and send along with this completed form to:

Miami County Health Department  
Attn: Registrar  
35 Court Street  
Peru, Indiana 46970

**WE DO NOT ACCEPT PERSONAL CHECKS!!!**

In order to process your request, this form must be filled out completely and a copy of your driver's license must be enclosed.